

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

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In the Matter of CAROLYN A. JACKSON and U.S. POSTAL SERVICE,  
POST OFFICE, Houston, TX

*Docket No. 98-1631; Submitted on the Record;  
Issued April 10, 2000*

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DECISION and ORDER

Before MICHAEL J. WALSH, BRADLEY T. KNOTT,  
A. PETER KANJORSKI

The issue is whether appellant has established that she sustained carpal tunnel syndrome in the performance of duty.

On January 9, 1997 appellant, then a 41-year-old distribution clerk, filed a notice of occupational disease and claim for compensation (Form CA-2) alleging that she sustained carpal tunnel syndrome causally related to her employment factors. On her CA-2 form appellant alleged that she first became aware of her condition on May 1, 1996 and that it was caused or aggravated by her employment on June 4, 1996. On the reverse of the CA-2 form appellant indicated that she notified her supervisor of her condition on January 9, 1997 but she first received medical attention on June 4, 1996 from Dr. John Burns, a Board-certified orthopedic surgeon. In explaining causal relationship between her claimed condition and her alleged factors of employment, appellant stated that she had carpal tunnel syndrome caused by "repetitive use of the hand to sort letters."

In support of her claim, appellant submitted a nerve conduction study report dated May 3, 1996, from Dr. Mark Mandelbaum, a Board-certified neurologist, referred to appellant by Dr. Burns, and progress reports dated June 4, 1996 to March 11, 1997 from Dr. Burns. Dr. Mandelbaum completed the nerve conduction study test of both appellant's upper extremities. He noted his impression as "Moderately severe right carpal tunnel syndrome, mild left carpal tunnel syndrome." In Dr. Burns' June 4, 1996 progress report, he noted that appellant's electromyogram and nerve conduction study findings were consistent with bilateral carpal tunnel syndrome. Dr. Burns stated: "[Appellant] is a postal worker and it is my medical opinion that her work-related duties are directly responsible for her hand condition." He recommended that appellant continue using a splint while performing her work-related duties and return in two months for reevaluation. In his progress report dated December 5, 1996, Dr. Burns indicated that appellant continued to have "recurrent numbness with right hand bothersome periodically." He discussed a right carpal tunnel decompression with simultaneous steroid injection of appellant's right elbow in an outpatient procedure and appellant agreed to

surgery. Dr. Burns noted upon examination that appellant had “[p]ositive Phalen’s and reverse Phalen’s right upper extremity with localized tenderness over lateral epicondylar area without other significant findings.”

In a progress report dated January 21, 1997, Dr. Burns noted that appellant’s surgery went without postoperative problems. He stated: “Operative wound well healed. Digital motion complete. Wrist motion limited as anticipated.” Dr. Burns recommended that appellant wear a removable right wrist support for one and one-half weeks periodically removing to exercise for range of motion. He noted that appellant could resume her unrestricted work duties on February 3, 1997 and return for reevaluation as needed. Dr. Burns’ report dated February 13, 1997, indicated that appellant had no complaints of her right hand but indicated that appellant stated that she, for some time, has had discomfort in her right shoulder with occasional “pop” related to her federal employment in her opinion. However, upon examination Dr. Burns stated: “Right shoulder motion complete with no evident pain. Tenderness bicipital groove without other significant findings.” He noted possible bicipital tenosynovitis and suggested that appellant continue her current work duties. In the March 11, 1997 report, Dr. Burns stated:

“[Appellant] is postop[erative] right carpal tunnel decompression and lateral epicondylar injection right elbow with satisfactory postoperative course.

“Examination: Operative wound well healed with excellent wrist and digital range of motion. Some tenderness lateral epicondylar area right elbow. Minimal tenderness radial and ulnar to operative scar proximal right palm.”

By letter dated December 2, 1997, the Office of Workers’ Compensation Programs advised appellant and the employing establishment that additional information was required in reference to appellant’s claim for carpal tunnel syndrome under the Federal Employees’ Compensation Act<sup>1</sup> and requested a detailed description of employment factors appellant implicated in causing her condition. No response was received from appellant nor the employing establishment.

By decision dated March 2, 1998, the Office denied appellant’s claim finding that she failed to establish that she sustained an injury as alleged.

The Board finds that appellant did not meet her burden of proof to establish that she sustained carpal tunnel syndrome in the performance of duty as alleged.

An employee seeking benefits under the Act has the burden of establishing the essential elements of his or her claim including the fact that the individual is an “employee of the United States” within the meaning of the Act, that the claim was timely filed within the applicable time limitation period of the Act, that an injury was sustained in the performance of duty as alleged and that any disability and/or specific condition for which compensation is claimed are causally

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<sup>1</sup> 5 U.S.C. §§ 8101-8193.

related to the employment injury.<sup>2</sup> These are the essential elements of each compensation claim regardless of whether the claim is predicated upon a traumatic injury or occupational disease.<sup>3</sup>

To establish that an injury was sustained in the performance of duty in an occupational disease claim, a claimant must submit the following: (1) medical evidence establishing the presence or existence of the disease or condition for which compensation is claimed; (2) a factual statement identifying employment factors alleged to have caused or contributed to the presence or occurrence of the disease or condition; and (3) medical evidence establishing that the employment factors identified by the claimant were the proximate cause of the condition for which compensation is claimed or, stated differently, medical evidence establishing that the diagnosed condition is causally related to the employment factors identified by the claimant. The medical evidence required to establish a causal relationship is rationalized medical opinion evidence. Rationalized medical opinion evidence is medical evidence which includes a physician's rationalized opinion on the issue of whether there is a causal relationship between the claimant's diagnosed condition and the implicated employment factors. The opinion of the physician must be based on a complete factual and medical background of the claimant, must be one of reasonable medical certainty and must be supported by medical rationale explaining the nature of the relationship between the diagnosed condition and the specific employment factors identified by the claimant.<sup>4</sup>

In support of her claim, appellant submitted medical reports from Dr. Burns, dated May 3, June 4 and December 5, 1996, January 21, February 13 and March 11, 1997, in which he diagnosed carpal tunnel syndrome. In order for these conditions to be covered under the Act, the evidence must demonstrate that the essential element of causal relationship has been met. The question of causal relationship is a medical issue, which usually requires a reasoned medical opinion for resolution. Causal relationship may be established by means of direct causation, aggravation, acceleration or precipitation.

The only evidence bearing on causal relationship is Dr. Burns' June 4, 1996 report, in which he opined that appellant's work-related duties were directly responsible for her hand condition. As this report suggested that appellant's work duties were causative factors of her hand condition, Dr. Burns submitted no medical rationale to explain how specific employment factors caused or contributed to the diagnosed condition. The Board has held that a physician's opinion is not dispositive simply because it is offered by a physician.<sup>5</sup>

Appellant did not submit sufficient medical evidence to establish that she sustained carpal tunnel syndrome in the performance of duty casually related to factors of her employment.

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<sup>2</sup> *Elaine Pendleton*, 40 ECAB 1143, 1145 (1989); *Ruthie M. Evans*, 41 ECAB 416, 423-25 (1990).

<sup>3</sup> *See Delores C. Ellyett*, 41 ECAB 992, 994 (1990).

<sup>4</sup> *Victor J. Woodhams*, 41 ECAB 345, 351-52 (1989).

<sup>5</sup> *See Michael Stockert*, 39 ECAB 1186 (1988).

The decision of the Office of Workers' Compensation Programs dated March 2, 1998 is affirmed.

Dated, Washington, D.C.  
April 10, 2000

Michael J. Walsh  
Chairman

Bradley T. Knott  
Alternate Member

A. Peter Kanjorski  
Alternate Member